



Speech-Language Pathology and Audiology Board

2005 Evergreen Street, SUITE 2100, SACRAMENTO, CA 95815

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



CONTINUING PROFESSIONAL DEVELOPMENT PROVIDER APPLICATION \$200 NON-REFUNDABLE FEE

		For Office Use Only:	
		Approval No: _____	
1. Provider Name (limited to 40 characters)		2. Business Phone Number ()	
3. Mailing Address (street address, city, state, zip)			
4. Organization Type (select one)			
<ul style="list-style-type: none"> accredited institution of higher learning licensed health facility governmental agency corporation 	<ul style="list-style-type: none"> nonprofit education association nonprofit professional association nonprofit corporation 	<ul style="list-style-type: none"> partnership individual (must provide social security number) _____ - _____ - _____ other (please specify) 	
5. Calif. Dept. of Consumer Affairs Licensees/Registrations (list those held by only the provider)			
type _____ number _____ expiration date _____			
type _____ number _____ expiration date _____			
6. Contact Person	7. Mailing Address (if different from provider address)	8. Phone Number ()	
9. Operational Plan (attach subject matter and course outline)			
10. Instructor Qualifications (check all that apply)(see reverse side for instructions)			
<ul style="list-style-type: none"> license, registration, or certificate in an area related to the course subject matter a valid, current certification in the subject area issued by the American Speech-Language-Hearing Association training, certification, or experience in teaching courses in the subject matter at least 2 years' experience in an area related to the subject matter of the course other (please specify) 			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
_____ Provider Contact Signature		_____ Date	

Provider Application Instructions

SUBMIT YOUR COMPLETED APPLICATION AND FEE TO THE SPEECH -LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD,
2005 Evergreen Street, SUITE 2100, SACRAMENTO, CA 95815

1. PROVIDER NAME: full business name
2. BUSINESS TELEPHONE NUMBER: the business phone number will be provided to licensees upon request
3. MAILING ADDRESS: the mailing address will be provided to licensees upon request
4. ORGANIZATION TYPE: the primary organization type of the provider, individuals must provide their social security number. See bottom of page for information on social security number disclosure.
5. DCA LICENSES/REGISTRATIONS: licenses/registrations issued by any licensing board or committee under the California Department of Consumer Affairs which are held by the **provider** - do **not** list any licenses or registrations which are held by just the contact person or instructors.
6. CONTACT PERSON: the individual responsible for administering the provider's continuing professional development program - this person will be the primary contact for the Speech-Language Pathology and Audiology Board.
7. CONTACT PERSON MAILING ADDRESS: this address will **not** be provided to licensees, unless the contact person requests this address be provided to the public.
8. CONTACT PERSON PHONE NUMBER: this phone number will **not** be provided to licensees
9. OPERATIONAL PLAN: a description of the types of subject matter to be covered in future courses offered by the provider - this list does not have to be all -inclusive - include documentation which demonstrates subject matter (e.g., ads, course outlines, catalogs) - if the provider does not have any courses planned at this time, list a sampling of the courses provided in the past.
10. INSTRUCTOR QUALIFICATIONS: each instructor must have at least two of the four qualifications listed - check all the boxes that apply.

Information Collection, Access, And Disclosure

The information provided on this application is maintained by the Executive Officer of the Board of Speech -Language Pathology and Audiology, 2005 Evergreen Street, Suite 2100, Sacramento, CA 95815, under the authority granted by the Business and Professions Code, Division 2, Chapter 5.3, Article 3, Section 2532.6.

IT IS MANDATORY THAT YOU PROVIDE ALL INFORMATION REQUESTED. OMISSION OF ANY ITEM OF INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.

Your completed application becomes the property of the Speech -Language Pathology and Audiology Board and will be used by authorized personnel to determine your eligibility for approval as a provider of continuing professional development. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Board unless the records are identified as confidential information pursuant to the Public Records Act or exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

SOCIAL SECURITY DISCLOSURE NOTICE

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94 - 455 (42 USCA 405 (c) (2) C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.